

Attorney Docket No.





## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Koichi Hashida et al.

Application No.: 10/687,604

Filing Date:

October 20, 2003

Sir:

Title: BRAKE HYDRAULIC PRESSURE GENERATOR

Group Art Unit: 3683

Examiner: Douglas C. Butler

Confirmation No.: 2615

## **AMENDMENT/REPLY TRANSMITTAL LETTER**

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Enc	losed is a reply for the above-identified patent application.						
	A Petition for Extension of Time is also enclosed.						
	Terminal Disclaimer(s) and the \$55.00 (2814) \$110.00 (1814) fee per Disclaimer due under 37 C.F.R. § 1.20(d) are also enclosed.						
	Also enclosed is/are						
	Small entity status is hereby claimed.						
	Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the \$395.00 (2801) \$790.00 (1801) fee due under 37 C.F.R. § 1.17(e).						
	Applicant(s) requests that any previously unentered after final amendments <u>not</u> be entered. Continued examination is requested based on the enclosed documents identified above.						
	Applicant(s) previously submitted						
	on, for which continued examination is requested.						
	Applicant(s) requests suspension of action by the Office until at least which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.						
	A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.						

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Application	No.	10/687,604

No additional claim fee is required.
An additional claim fee is required, and is calculated as shown below.

	No. of Claims	Highe of Cla Previo Paid	aims ously	•	Extra Claims	Rate	Additional Fee
Total Claims	4	MINUS	20	=	0	x \$18.00 (1202) =	\$ 0.00
Independent Claims	1	MINUS	· 3	=	0	x \$88.00 (1201) =	\$ 0.00
If Amendment adds n	nultiple depen	dent claim	s, ad	d \$	300.00 (1203)		
Total Claim Amendment Fee						\$ 0.00	
☐ Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee					\$ 0.00		
TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT						\$ 0.00	

ш	A check in the amount	or	_ is enclosed for the fee due
	Charge	to Deposit Acc	ount No. 02-4800.
	Charge	to credit card.	Form PTO-2038 is attached.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

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Date: October 1, 2004

Matthew L. Schneider Registration No. 32,814